## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF BEATH  County Middle Medical Medical Registered Na.  Princey Regis	CERTIFICATE OF DEATH			
Township of the control of the contr	1		29714	
City College C			5/7/ C	
(a) Residence in city or town where death occurred  (b) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Residence in city or town where death occurred  (c) Simele, Massier, Wilsower, Simele, Massier, Wilsower, Or Color, William States, Or Color, Simele, Massier, Wilsower, Or Color, Simele, Massier, Wilsower, Or Color, Simele, Massier, Wilsower, Or Color, Simele, Massier, Or Col	l			
(a) Residence, No. (Ulus place of abode)  Length of readers in city or town where death occurred yrs. mes. ds. How long in U.S., if of feering high? yrs. mes. ds. How long in		City	St. Ward)	
Length of residence in city or town where death occurred yrs. mos. ds. How load in U.S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	2. FOLL NAME			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	(a) Residence. No			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED DIVORCED (orris: the word)  15. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  18. LET MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF (OR) WIFE (OR) WI				
DIVORCED (carrie the word)  S. IF MARRIED, WIDOWED, OR DIVORCED  S. IF MARRIED, WIDOWED, OR DIVORCED  (OR) WIFE OW  (OR) WIFE OW  DAYS  IN LESS than 1 day, bra.  OF CAUSE OF DEATH (MONTH, DAY AND YEAR) DAYS  IN LESS than 1 day, bra.  OF CAUSE OF DEATH MAN AS FOLLOWS:  (A) Trade, preferation, or  perficults, kind of work  (b) General nature of industry,  business, or establishment in  which employed (or employed)  (c) Name of employed (or employed)  (c) Name of employed (or employed)  (c) Name of FATHER  (STATE OR COUNTRY)  (STATE OR OUNTRY)  (AMDEN NAME OF MOTHER (CITY OR TOWN))  AND THE CAUSE OF BURNAL  (Address)  (STATE OR COUNTRY)  (MARKA AND NAME OF MOTHER (CITY OR TOWN))  (STATE OR COUNTRY)  (MARKA AND NATURE OF INCHEST CACERS, state  (STATE OR COUNTRY)  (MARKA AND AND ROTE AND TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (MARKA AND AND TOWN OF BURNAL  (Address)  (MARKA AND AND TOWN OR REMOVAL  (MARKA AND TAKEN OR TRUTH AND TWO IN THE CACERS AND IN THE  CONTRIBUTORY.  (MARKA AND TRUTH OR TOWN)  (MARKA AND AND THE COUNTRY CACERS, state  (MARKA AND AND THE COUNTRY OR TOWN)  (MARK		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SA. HY MARRIER, WIDOWED, OR DIVORCED HISSON OF CONTROL OF DECEMBER  6. DATE OF BIRTH (WONTH, DAY AND YEAR) DAY II LESS than I day.  6. DATE OF BIRTH (WONTH, DAY AND YEAR) DAY II LESS than I day.  6. DATE OF BIRTH (WONTH, DAY AND YEAR) DAY II LESS than I day.  6. Trade, preferation, and the data stated above, at FOLLOWS;  8. OCCUPATION OF DECEASED  (a) Trade, preferation, and the data stated above, at FOLLOWS;  (b) General stater of industry,  (b) General stater of industry,  (c) Name of employer  (c) Name of FATHER  (CITY OR TOWN) DECEMBER  (STATE OR COUNTRY)  (STATE OR C	3.		16. DATE OF DEATH (MONTH, DAY AND YEAR) DOS 25 19 17	
19. INTERNET OF CONTRIBUTORY  (GR) WIFE OF  (GR) WIFE OF  (GR) WIFE OF  (GR) WIFE OF  (E) DATE OF BIRTH (MONTH, DAT AND YEAR) DAYS  (B) DAYS  (C) DATE OF BIRTH (MONTH, DAT AND YEAR) DAYS  (C) Tade, profession, or particular kind of work  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment to  which employed (or employer)  (c) Name of employer  (d) STATE OR COUNTRY)  (E) MAME OF FATHER (CITY OR TOWN) MANAGEMENT OF TATHER (CITY OR TOWN) MANAGEMENT OF STATES (CITY OR TOWN) MANAGEMENT OF MONTHS MANAGEMENT OF BURIAL (Address)  (STATE OR COUNTRY) (CITY OR TOWN) MANAGEMENT OF MONTHS MANAGEMENT OF MONTH		201 2/7 0:01		
that I last saw hand alive on CC 15 mm of the contracted of the death occurred, on the date alasted above, at 15 mm of the contracted of the date alasted above, at 15 mm of the contracted of the date alasted above, at 15 mm.  The CAUSE OF DEATH® WAS AS FOLLOWS:  The CAUSE OF DEATH WAS AS FOLLOWS:	-	IT Manual Wassers on Durane		
death occurred, on the date stated above, at	3,	HUSBAND or		
6. DATE OF BIRTH (MONTH) DAY AND YEAR) TO A SET OF CAUSE OF DEATH WAS AS FOLLOWS:  7. AGE YEARS MONTHS DAYS II LESS than I day, him. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular, kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. MAIDEN NAME OF MOTHER (CITY OR TOWN)  17. MAIDEN NAME OF MOTHER (CITY OR TOWN)  18. WHAT TEST CONFIRMED DIAGNOSISI (Sidned)  (Sidned		(OR) WIFE OF	1	
7. AGE YEARS MONTHS DAYS II LESS than I day, mira.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular, kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  11. BIRTHPLACE OF, FATHER (CITY OR TOWN) Maintained by Company of the particular of the parti	6 DATE OF RIRTH (MONTH DAY AND YEAR) A 12 1915		<b>H</b>	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or scalabilishment in which employed (or employer)  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF FATHER (CITY OR TOWN)  14. INFORMANT  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. WHAT TEST CONFIRMED DIAGNOSISI (State or COUNTRY)  17. MAIDEN NAME OF MOTHER (CITY OR TOWN)  18. WHAT TEST CONFIRMED DIAGNOSISI (State or COUNTRY)  19. MAIDEN NAME OF MOTHER (CITY OR TOWN)  10. MAIDEN NAME OF MOTHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (Marsa' AND NATOUR OF INJURA, and (2) whether ACCIDENTAL, OR BOUCHTAL (See reverse side for additional space)  14. (Marsa' AND NATOUR OF INJURA, and (2) whether ACCIDENTAL, OR BOUCHTAL (See reverse side for additional space)  15. FILED (ASS-19.67. M. J.				
8. OCCUPATION OF DECEASED  (a) Trade, profession, or School  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  (STATE OR COUNTRY)  11. BIRTHPLACE OF, FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MAIN CALADINA  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  (S		day,	10 49h Uneria	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or School  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  (STATE OR COUNTRY)  11. BIRTHPLACE OF, FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MAIN CALADINA  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  (S			1	
(a) Trade, profession, or particular, kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. MAIDEN NAME OF MOTHER (CITY OR TOWN)  17. MAIDEN NAME OF MOTHER (CITY OR TOWN)  18. WHERE WAS DISEASE CONTRACTED  19. FOLD AT PLACE OF DEATH!  19. MAI TEST CONFIRMED DIAGNOSIS!  10. DISEASE CACRINO DEATH, OF In deaths from Violency Cacrem, state  (Sidned)  10. MAINE AND NATORIA OF INTERT, and (2) whether Accidence, or Houselful Control of State of Education of State of Address)  10. MAINE AND NATORIA OF INTERT, and (2) whether Accidence, or Houselful CREMATION, OR REMOVAL  11. INFORMANT  (Address)  12. MAIDEN NAME OF BURIAL  (Recondant)  13. PLACE OF BURIAL CREMATION, OR REMOVAL  (Address)  14. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (SIGNED)  15. FILED (O. 331-19.47.  16. MILLIANT  (MAINE WAS DISEASE CONTRACTED  (Sidned)  (Sidned)	8.		10 14	
(c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. WHERE WAS DISEASE CONTRACTED  17. DID AN OPERATION PRECEDE DEATH!  18. WHERE WAS DISEASE CONTRACTED  19. PROT AT PLACE OF DEATH!  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MANIFEMENT (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. DISEASE CAUSING DEATH, OF IN deaths from VIOLENT CAUSEN, state  (1) MANN'S AND NATORS OF INJURY, and (2) Whether Accombinate, or Howitchall (See reverse side for additional space.)  16. PLACE OF BURIAL, CREMATION, OR REMOVAL  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE WAS DISEASE CONTRACTED  (18. WHERE WAS DISEASE CONTRACTED  (19. MANN'S THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIS!  (Stigned)  (Stigned)  (Sidned)  (Sidned)  (M. D  (State the Disease Causing Death, or in deaths from Violenty Causen, state  (M. D  (M. D  (Sidned)  (M. D  (M.	(a) Trade, profession, or		(duration) yrs. mos. & ds.	
which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MANY & WILLIAM (Sidness)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  16. INFORMANT  17. MAIDEN NAME OF MOTHER (CITY OR TOWN)  18. WHERE WAS DISEASE CONTRACTED  19. DATE OF DEATH.  19. DATE OF DEATH.			CONTRIBUTORY UNICON -	
9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MAN (Authoria)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. NAME OF BURIAL  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NOT AT PLACE OF DEATH.  10. NAME OF FATHER  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MAN (Authoria)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. DATE OF BURIAL  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NAME OF DEATH.  10. NAME OF DEATH.  10. NAME OF DEATH.  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. DATE OF BURIAL  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NAME OF DEATH.  10. DATE OF BURIAL  10. MAIDEN  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. WHERE WAS DISEASE CONTRACTED  16. NAME OF DEATH.  17. DATE OF DEATH.  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NAME OF DEATH.  10. NAME OF DEATH.  10. NAME OF DEATH.  11. DATE OF DEATH.  12. WHAT TEST CONFIRMED DIAGNOSIST.  14. INFORMANT  15. WHERE WAS DISEASE CONTRACTED  16. NAME OF DEATH.  17. DATE OF DEATH.  18. WHERE WAS DISEASE CONTRACTED  18. WHAT TEST CONFIRMED DIAGNOSIST.  18. WHAT TEST CONFIRMED DIAGNOSIST.  19. NAME OF DEATH.  19. NAME OF DEATH.  10. NAME OF DEATH.  11. DATE OF DEATH.  12. WHAT TEST CONFIRMED DIAGNOSIST.  12. WHAT TEST CONFIRMED DIAGNOSIST.  13. WHAT TEST			(SECONDARY)	
9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER MALL CALLAGE  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. PLACE OF BURIAL, CREMATION, OR REMOVAL  17. PLACE OF BURIAL  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF DEATH, AND ANTON DEATH, OF IN deaths from Violent Causes, state  (State OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF DEATH, AND ANTON DEATH, OF IN deaths from Violent Causes, state  (State OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL  19. PLACE OF	·		(duration) yrs	
(STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michael Country  (STATE OR COUNTRY) Cofe Milated Country  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) Michael Country  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michael Country  (State OR COUNTRY) Cofe Mother March Manufacture  (State OR COUNTRY) Cofe Mother March Manufacture  (State OR COUNTRY) Cofe Mother Manufacture  (Manufacture  (State OR COUNTRY) Cofe Mother Accordance State  (1) Means and Nature of Injury, and (2) whether Accordance, or Howard And Nature of Burial.  (Address) Mother Mother Manufacture  (1) Means and Nature of Injury, and (2) whether Accordance, or Howard And Nature  (1) Means and Nature of Burial.  (See reverse side for additional space.)  12. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address) Mother Mother Manufacture  (1) Means and Nature  (2) Whether Accordance of Mother Accordance of Howard And Nature  (3) Whether Accordance of Mother M	(t) Name of Employer		18. WHERE WAS DISEASE CONTRACTED	
10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN) White Companies of the Companie	9. BIRTHPLACE (CITY OR TOWN)		O IF NOT AT PLACE OF DEATHS. All his home	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) White description (State or country) Confederate of Man (Signed) (Signed) (Signed) (Man (State or Country) Confederate of Man (Signed)	(STATE OR COUNTRY)		28	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHILE CONTROL OF MADE (State OR COUNTRY) Cofe William Co Made (Signed)		10. NAME OF FATHER	_	
(State or country) Cofe Nichteder Co MA  12. MAIDEN NAME OF MOTHER MANISTANTIAL CONTROL (Sidned)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Control (STATE OR COUNTRY) (Control (STATE OR COUNTRY) (CONT	PARENTS	- Company A	WAS THERE AN AUTOPSYT	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)! State the Disease Causing Death, for in deaths from Violent Causes, state (State or country) (case in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  INFORMANT (Address) State the Disease Causing Death, for in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  INFORMANT (Address) State the Disease Causing Death, for in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19			WHAT TEST CONFIRMED DIAGNOSIST DECLE OF THE PROPERTY OF THE PR	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)! State the Disease Causing Death, for in deaths from Violent Causes, state (State or country) (case in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  INFORMANT (Address) State the Disease Causing Death, for in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  INFORMANT (Address) State the Disease Causing Death, for in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19		(STATE OR COUNTRY) Cofe Kirladen Co MA	(Sidned) (1)- W is with text M. D	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)! State the Disease Causing Death, or in deaths from Violent Causes, state (State or country) (case in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accordance, or Howicotal. (See reverse side for additional space.)  14.  INFORMANT (Address) State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accordance, or Howicotal. (See reverse side for additional space.)  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19		12. MAIDEN NAME OF MOTHER Marie & with aring	Bushof 19 ( Address) Sen Come ( )	
(STATE OR COUNTRY) Could With the last terms (1) Means and Nature of Iriura, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14. INFORMANT (Address) Stricture Country 2000 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Stricture Country 2000 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL CREM		12 BIRTHRI ACE OF MOTHER (CITY OF TOWN) ( Lass Lee Lasses	*State the Disease Causing Death, or in deaths from Violent Causes, state	
14. INFORMANT (M. J.		L	(1) MEANE AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or	
INFORMANT (MILLIAND UND 19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Stratus and 2000 think the think th	14	All m III of	HOMICIDAL. (See reverse side for additional space.)	
15. FUED/O/3/- 19.47 MITCHE CES 20. UNDERTAKER ADDRESS	14.	, , , , , , , , , , , , , , , , , , , ,	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	
FILED 10/3/- 19-47 Via els) D. UNDERTAKER ADDRESS		(Address) Sheeter cur 2000	Held him 19 1019	
File 10/3/- 1977	15.	11.7.110	20. UNDERTAKER ADDRESS	
Willeus Oon Plushaming		FILED /0/3/-, 19.47	0 ×1 ×2	

## Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.: Bronchopneumonia (secondary), 10 ds. . Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion;" "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celiulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.